

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400068139

Plugging Bond Surety

20040060

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

 OIL ☐ GAS ☒ COALBED ☐ OTHER _____
 SINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☒
Refiling ☐Sidetrack ☐3. Name of Operator: BARRETT CORPORATION* BILL4. COGCC Operator Number: 100715. Address: 1099 18TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: Elaine Winick Phone: (303)312-8168 Fax: (303)291-0420Email: ewinick@billbarrettcop.com7. Well Name: GGU Swanson Well Number: 32D-29-6918. Unit Name (if appl): GIBSON GULCH Unit Number: COC
052447X9. Proposed Total Measured Depth: 7460

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 29 Twp: 6S Rng: 91W Meridian: 6Latitude: 39.502785 Longitude: -107.573294
 Footage at Surface: 1221 FNL/FSL FNL 1342 FEL/FWL FEL
11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 6104 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/05/2010 PDOP Reading: 2.2 Instrument Operator's Name: D. Slaugh15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1473 FNL 1990 FEL/FWL FEL Bottom Hole: FNL/FSL 1473 FNL 1990 FEL/FWL FEL
 Sec: 29 Twp: 6S Rng: 91W Sec: 29 Twp: 6S Rng: 91W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1046 ft18. Distance to nearest property line: 96 ft 19. Distance to nearest well permitted/completed in the same formation: 327 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Iles	ILES	191-65		
Williamsfork	WMFK	191-9		

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: CO 10276

22. Surface Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☐ Yes ☒ No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☐ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bon ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
6S 91W SEC 29 N/2SW, SWNE, NWSE

25. Distance to Nearest Mineral Lease Line: 157 ft 26. Total Acres in Lease: 160

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☐ No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: Evaporation and backfill

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	16	42#	40		40	0
SURF	12+1/4	9+5/8	36#	743	240	743	0
1ST	8+3/4	4+1/2	11.6#	7,460	905	7,460	3,026

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☐ Rotating Head ☐ None

33. Comments _____

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☐ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☒ Yes ☐ No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick

Title: Sr. Permit Analyst Date: _____ Email: ewinick@billbarrettcorp.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400068530	LEASE MAP	lease and unit maps.pdf
400068531	MULTI-WELL PLAN	multi well plan cogcc.pdf
400068532	TOPO MAP	topo A.pdf
400068533	PLAT	GGU Swanson 32D-29-691 rev plat 6-8-10.pdf
400068534	DEVIATED DRILLING PLAN	GGU Swanson 32D-29-691 Directional Plan comb.pdf
400068535	OTHER	WBD GGU Swanson 32D-29-691 .pdf

Total Attach: 6 Files